



# ROCHESTER

*Minnesota*

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## ETHICS ORDINANCE DISCLOSURE FORM

AARON S. REEVES, ICMA-CM  
City Clerk  
201 4th Street SE, Room 135  
Rochester, MN 55904-3742  
(507) 328-2900  
FAX (507) 328-2901

NAME: Joel James Traver

ADDRESS: 5130 Highgrove Ln NW

CITY, STATE, ZIP CODE Rochester, MN 55901

### City of Rochester Employees:

1. What is your job title or position with the City of Rochester?
2. What city department is this position associated with?
3. When did you begin your employment?

### City of Rochester Volunteers:

1. What is the board or commission on which you serve?

Rochester Civil Fire Service Commission

2. When were you appointed to this position?

June 2015

For the next set of questions, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

Ethics Ordinance  
Disclosure Form  
Page Two

1. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

None.

2. Please list any interests you have in a business doing business with the City.

None.

3. Please list any interest you have in any business located within, or doing business in, the City.

None.

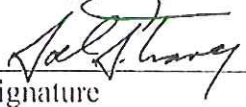
4. List any and all employment.

Assistant Professor, Winona State University-Rochester

5. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

Rochester Area Math Science Partnership--Executive Committee

I hereby certify that the above information is complete and accurate.

  
\_\_\_\_\_  
Signature

1/12/2016  
\_\_\_\_\_  
Date

Please mail completed and signed form to:  
Aaron Reeves, CMC, City Clerk, City Hall, 201 4<sup>th</sup> Street SE, Room 135  
Rochester, MN 55904-3742  
6.15.15